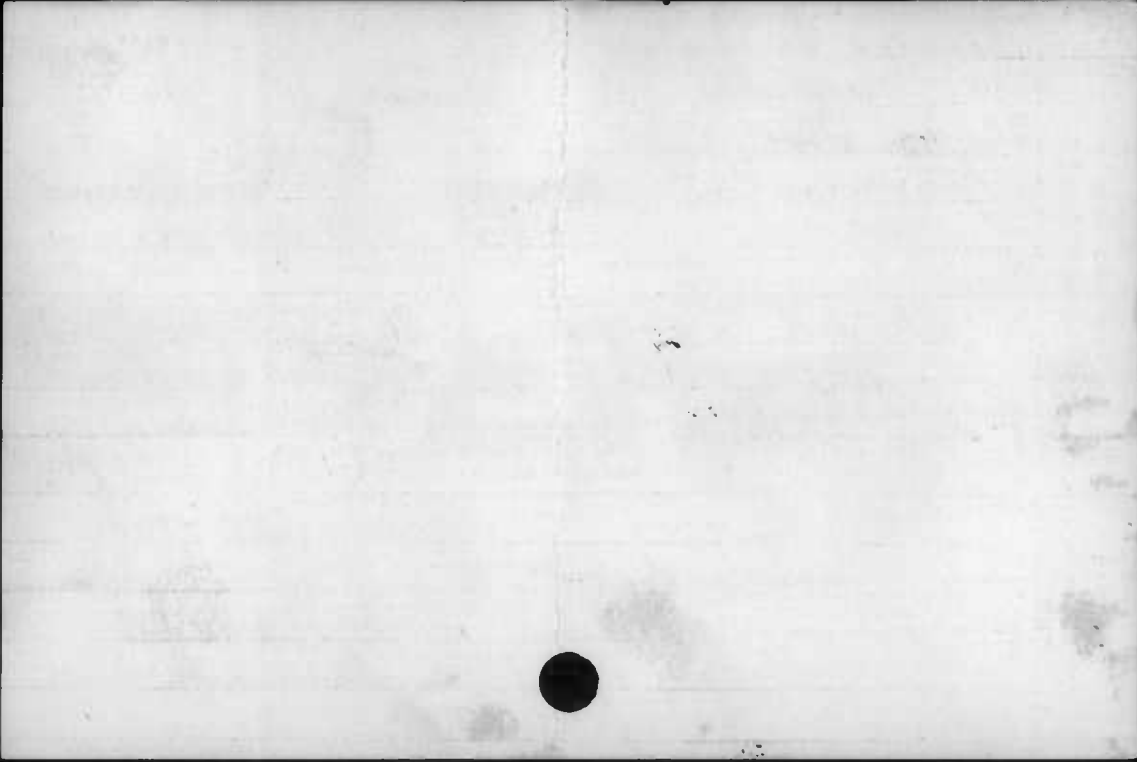


Name in Full Merrill Jayard		CERTIFICATE OF DEATH	
Died at Town Harrocks		County Beach	
Died at Harrocks		MARYLAND	
Date of death	1910	Month	Feb
Day	28	Age	1
Sex	Female	Color or Race	colored
Birth-place	Near Harrocks		
Occupation	Where Residing if not at place of death Harrocks		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Phillip Bayard		Father's Birthplace
Mother's Maiden Name	Mary A. Smith		Mother's Birthplace
Name of person giving information	Phillip Bayard		How related to deceased
CAUSES OF DEATH			(10)
Primary	Larynx		How long
Immediate	Pneumonia		How long
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician
Address	no		Address
Accident or Suicide?	no		



Name
in
Full

Gardena Berry

CERTIFICATE OF DEATH

Town

County

Died at

Corrywings

Cecil

MARYLAND

Date

of death 1910

Month

2

Day

24

Age

Years

2

Months

5

Days

Sex

male

Color or
Race

Colored

Birth-
place

Mongouri

Occupation

child

Where Residing if not
at place of death

mongouri

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

Alice Berry

Mother's
Birthplace

Mongouri

Name of person giving
information

Rowland Berry

How related
to deceased

Grandfather

CAUSES OF DEATH

92 ✓

Primary

Pneumonia

How long

7 wks.

Immediate

Paralyzed heart

How long

✓

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

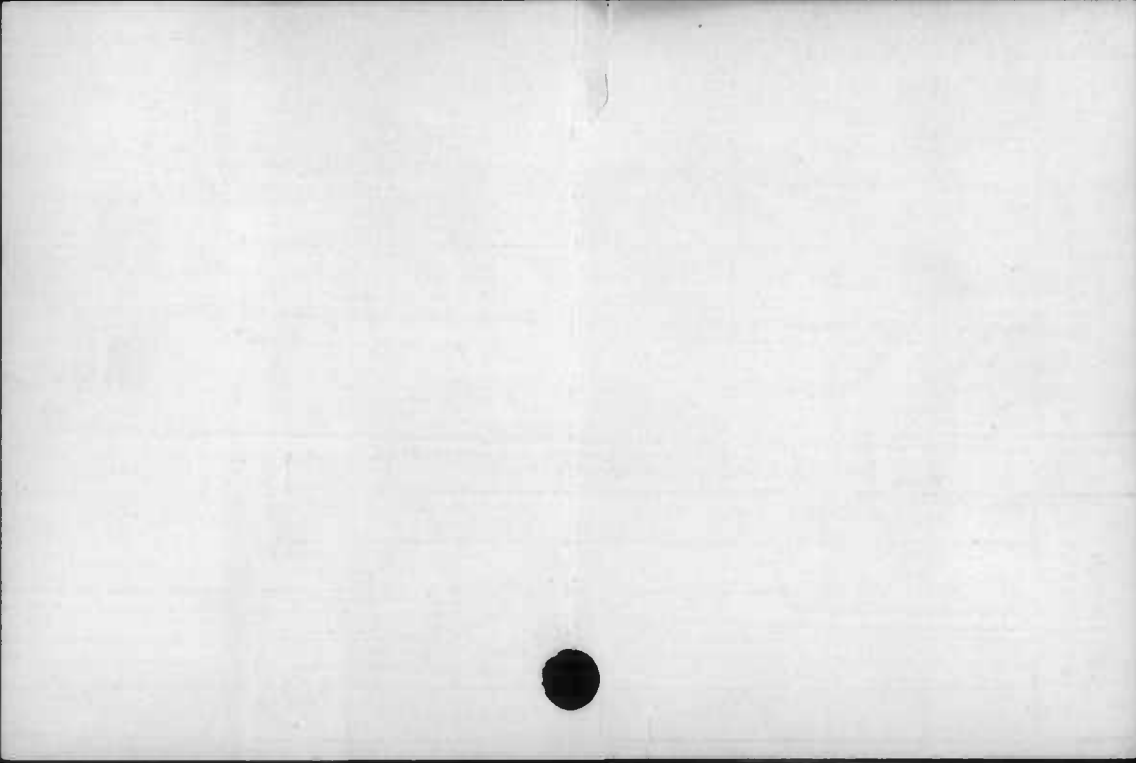
Dr. Ragau

Address

Corrywings Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emma Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

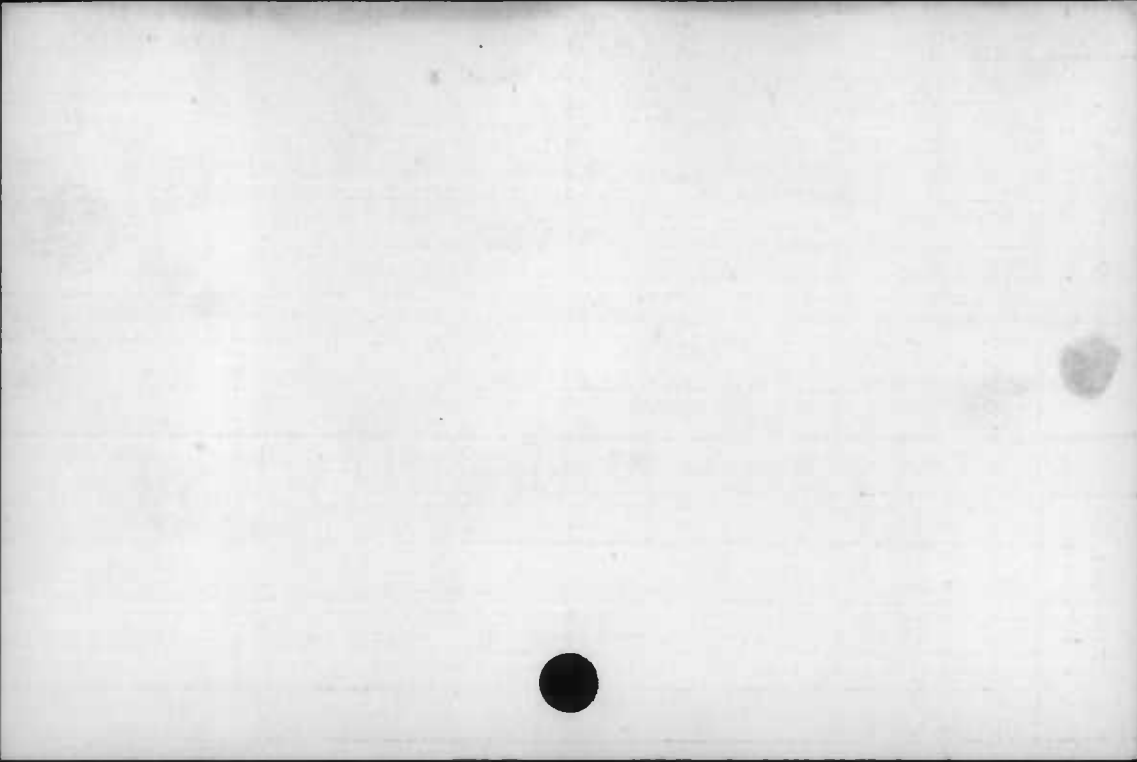
Died at ^{Town} <u>Elkton</u>		^{County} <u>Cecil</u>		MARYLAND	
Date of death <u>1910</u>	^{Month} <u>Feb</u>	^{Day} <u>3</u>	^{Years} <u>Age 47</u>	^{Months}	^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Cecil Co</u>		
Occupation <u>Servant in private family</u>		Where Residing if not at place of death _____			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Thomas Blake</u>				
Father's Name <u>Richard Stevenson</u>	Father's Birthplace <u>Kent Co</u>				
Mother's Maiden Name <u>Rebecca Walker</u>	Mother's Birthplace <u>Millington, Md</u>				
Name of person giving Information <u>Mary E. Dickson</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Mitral insufficiency</u>	How long <u>6 years</u>
Immediate <u>Heart Failure</u>	How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. T. Morrison</u>
	Address <u>Elkton, Md</u>
Accident or Suicide?	



Name
in
FullWilliam Bowen Jr
Elkton Town Cecil County

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1900 Feb 8 Age 48
Month Day Years Months Days

Sex Male Color or Race White Birth-place Delaware

Occupation Steamboat Captain Where Residing if not at place of death

Married, Single or Widowed Divorced Name of Wife or Husband Annie Bowen

Father's Name William Bowen Father's Birthplace Delaware

Mother's Maiden Name Elizabeth Hamilton Mother's Birthplace Ireland

Name of person giving Information Mrs Scott Green How related to deceased Sister

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Apoplexy How long 64 Dec. 28, 1900

Immediate Exhaustion How long To Feb 8, 1901

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Wm D Gawley

Address Elkton Md

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Samuel Christie

Town

County

MARYLAND

Died at

Perryville

Cecil

Date

of death

1900

Month

2

Day

6

Age

Years

1

Months

10

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Perryville

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm Christie

Father's
Birthplace

Va

Mother's
Maiden Name

Laura Mitchell

Mother's
Birthplace

North East Sup

Name of person giving
Information

William Christie

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

93 V
week -

Immediate

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

J. M. H. P
Perryville
Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Infant not named Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericktown</i> ^{Town}		<i>Bees</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	Month <i>7</i>	Day <i>6</i>	Age <i>X</i>	Years <i>X</i>	Months <i>X</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>James Cooper</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Debbie Emerson</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>James Cooper</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dead Born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Physician in attendance</i>
	Address <i>J. H. Black</i>
Accident or Suicide?	<i>Sub Registrar</i>



Name
in
Full

Lelara Elizabeth Devonshire

CERTIFICATE OF DEATH

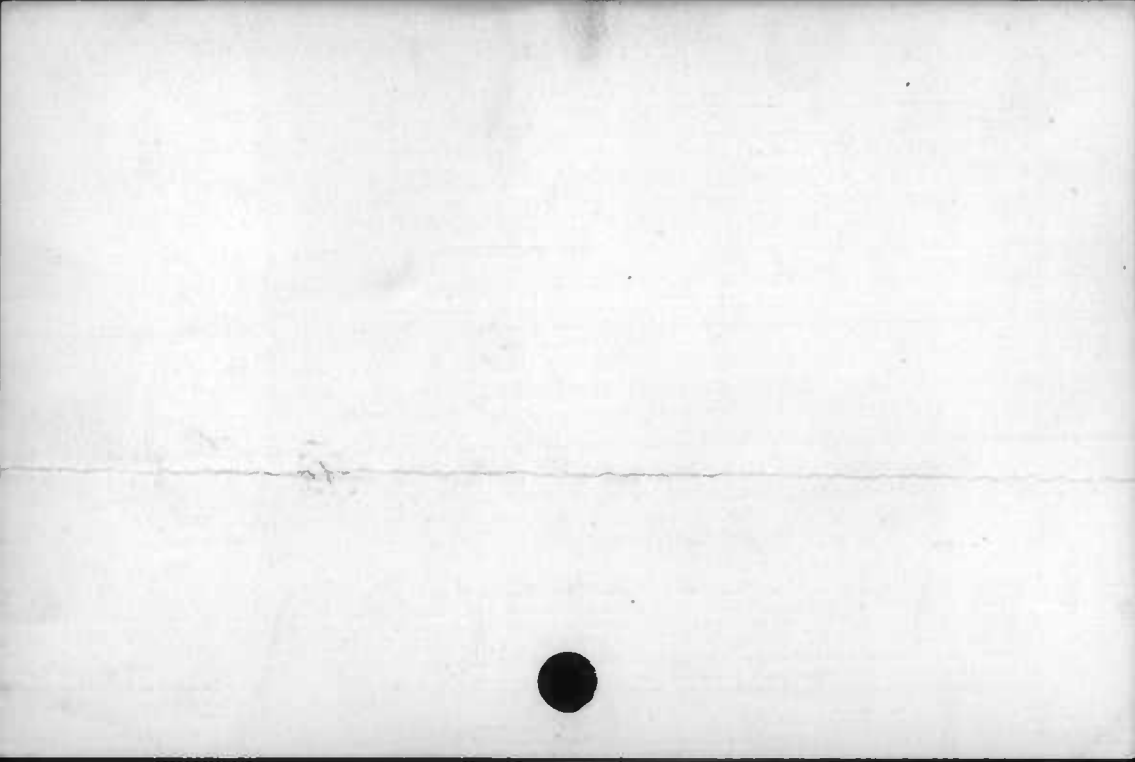
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Calvert</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death <u>1900</u>	<u>Feb.</u> ^{Month}	<u>20</u> ^{Day}	Age <u>10</u> ^{Years}	<u>10</u> ^{Months}	<u>9</u> ^{Days}
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>near Calvert Md.</u>	
Occupation <u>No.</u>		Where Residing if not at place of death <u>near Calvert</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>No.</u>			
Father's Name <u>Samuel B. Devonshire</u>			Father's Birthplace <u>Long Geo. Pa.</u>		
Mother's Maiden Name <u>Lora L. Reeder</u>			Mother's Birthplace <u>Cecil. Md. Md.</u>		
Name of person giving information <u>Samuel B. Devonshire</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Erysipelas</u>	How long <u>21 days</u>
Immediate <u>Pneumonia</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. H. Richardson</u>
	Address <u>Living Run</u>
Accident or Suicide? <u>Interment - Cherry Hill Md.</u>	<u>100</u>



Name
in
Full

Sarah. Irma mai Enders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town *Augustine* County *Cecil* MARYLAND

Date of death 190*1* Month *Feb* Day *8* Age *80* Years Months *11* Days *5*

Sex *Female* Color or Race *Caucasian* Birth-place *Not Known*

Occupation *Wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Her Enders*

Father's Name *Henry Bayard* Father's Birthplace *Not Known*

Mother's Maiden Name *Rachel Borman* Mother's Birthplace *Not Known*

Name of person giving Information *Rachel Muncie* How related to deceased *Daughter*

CAUSES OF DEATH

10

Primary *Influenza* How long *5 days*

Immediate *Cardiac Decease* How long *few hrs*

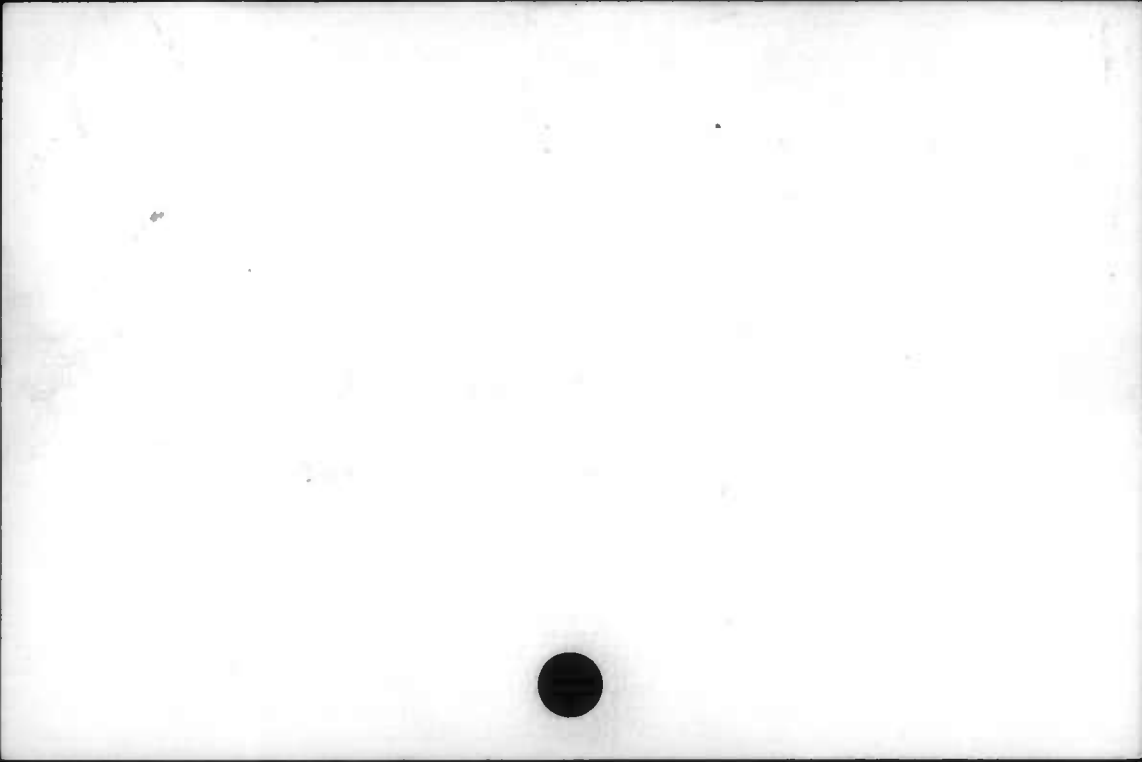
Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *T. J. [Signature]*

Address *Chesapeake City*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Raymond C Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Neck</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	19 <i>40</i> Month <i>July</i>	Day <i>19</i>	Age <i>—</i> Years <i>—</i>	Months <i>6</i>	Days <i>3</i>
Sex <i>male</i>	Color or Race <i>colored</i>	Birth-place <i>Elk Neck</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>Elk Neck</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Curtis C Ford</i>	Father's Birthplace <i>Elk Neck</i>				
Mother's Maiden Name <i>Ann Berman</i>	Mother's Birthplace <i>Elk Neck</i>				
Name of person giving Information <i>Curtis C Ford</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

(92)

Primary <i>Pneumonia</i>	How long <i>Five days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L F Hamrick</i>
	Address <i>North East Md</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

21K Meek

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

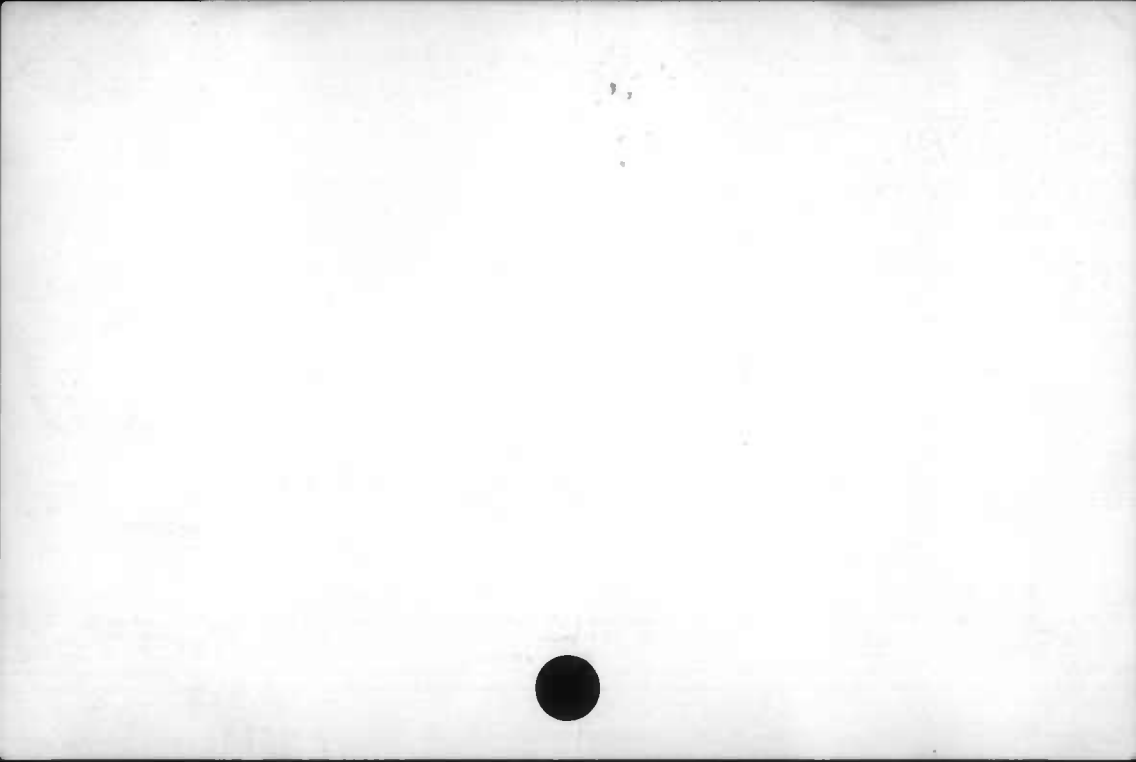
Name *William Gillis* Town *Rowlandville* County *Carroll*
Died at *Rowlandville* Month *July* Day *19* Age *78* Years *11* Months *7* Days
Date of death *1900*
Sex *Male* Color or Race *W.* Birth-place *Mo*
Occupation *Farmer* Where Residing if not at place of death *Home*
Married, Single or Widowed *Widowed* Name of Wife or Husband *Mrs Mary J. Gillis*
Father's Name *Robert Gillis* Father's Birthplace *W. Va*
Mother's Maiden Name *Margaret Whit* Mother's Birthplace *W. Va*
Name of person giving Information *Stephen Gillis* How related to deceased *Son*

CAUSES OF DEATH

64

PHYSICIAN
OR CORNER

Primary *Apoplexy* How long *1 day*
Immediate *Heart Failure* How long *4 hrs*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *W. J. Gillis*
Address *Liberty, Ga*
Accident or Suicide *no*



Name
in
Full

Robt. C. Harrington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Rising Sun ^{County} Cecil

State **MARYLAND**

Date of death 1910 Month 2 Day 22 Age 66 Months Days

Sex male Color or Race white Birth-place Cecil Co

Occupation Mechanic Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Sarah Harrington

Father's Name Geo. Harrington Father's Birthplace Chester Co Pa

Mother's Maiden Name Sarah Scott Mother's Birthplace Chester Co Pa

Name of person giving information Chas. Harrington How related to deceased son

CAUSES OF DEATH

(63)

PHYSICIAN
OR CORONER

Primary ~~Dissected~~ Exhaustion

How long 2 yrs

Immediate Exhaustion

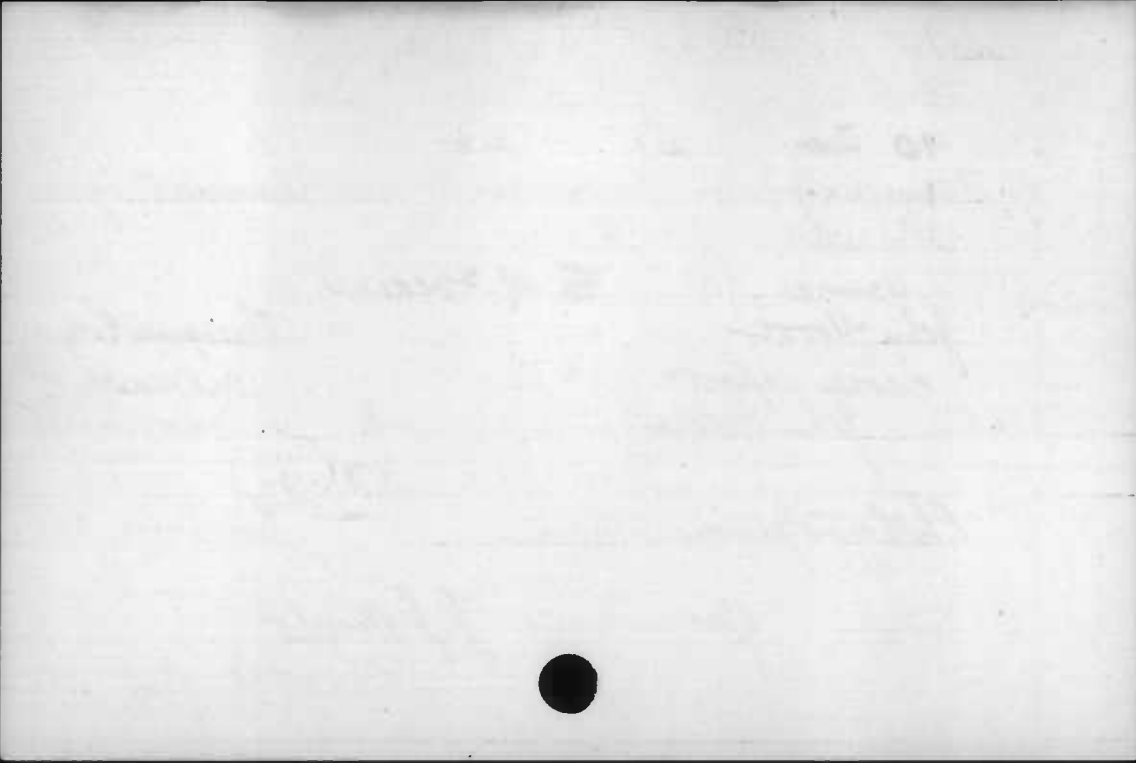
How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. B. Slizer

Address Rising Sun Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary J. Holden</i>		Town <i>Harwien</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Harwien</i>		Month <i>Feb</i>		Day <i>21</i>		Years <i>22</i>	
Date of death <i>1910</i>		Month <i>Feb</i>		Day <i>21</i>		Years <i>22</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Chesapeake City</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>E. M. Holden</i>					
Father's Name <i>John Moore</i>		Father's Birthplace <i>Chesapeake City</i>					
Mother's Maiden Name <i>Barah Sparks</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>John Holden</i>		How related <i>Father-in-law</i>					

CAUSES OF DEATH

Primary <i>Phthisis Pulmonalis Acute</i>	How long <i>Seven weeks</i>
Immediate	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

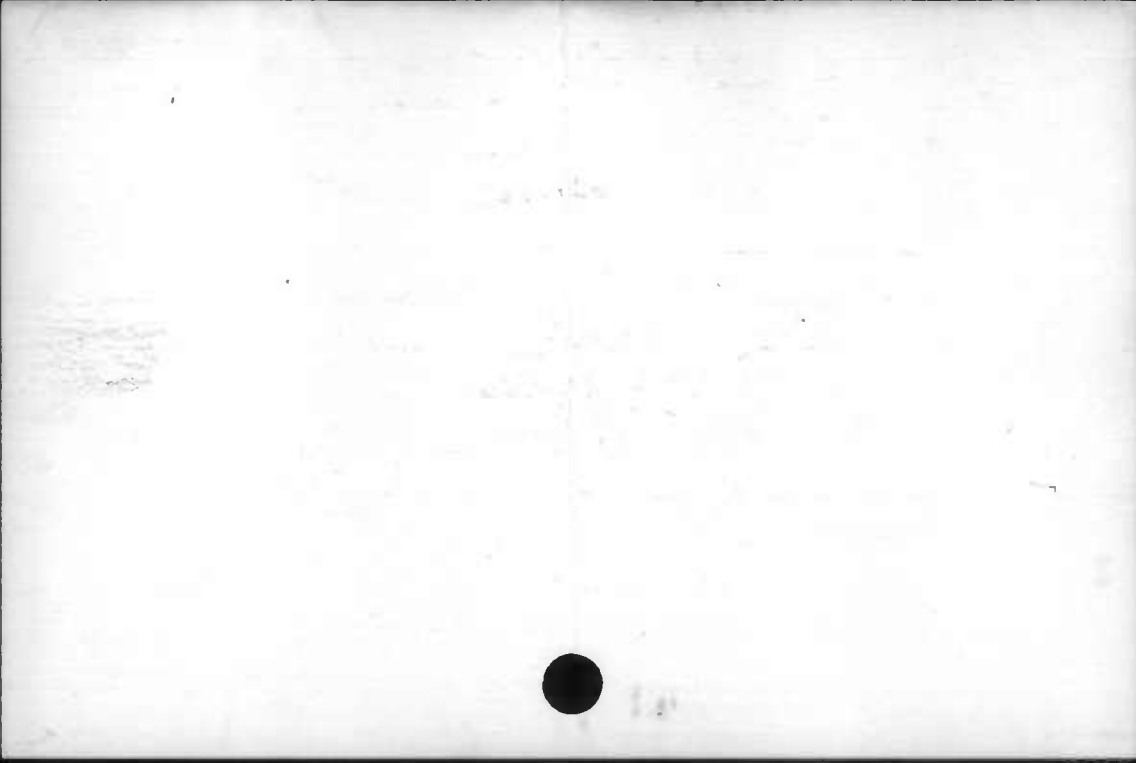
Yes

Signature of Physician

Address

J. J. Wright
Harwien, MD

Accident or Suicide



Name in Full

Certificate of Death

Still Born

Town

County

Died at

Farmingville

Cecil

MARYLAND

Date

1910

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John A. Hall

Mother's

Name

Grace E. Smith

Cause of

Primary

Death

Immediate

How long sick

8

Accident, Suicide, Homicide

Reported by

J. B. Smith

Address

Rising sun rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Pat - Marie Hughes
Town County

Died at *Cotherry (near Pot Deposit)* *Accident* MARYLAND
Month Day Years Months Days *3*

Date of death 19*80* *Feb* *19* Age

Sex *Female* Color or Race *balach* Birth-place *Cotherry mo*
Occupation *—* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Olga Hughes*

Father's Birthplace *Cotherry mo*

Mother's Maiden Name *Ruth Harris*

Mother's Birthplace *Brick Greenby*

Name of person giving Information *Olga Hughes*

How related to deceased *Father*

CAUSES OF DEATH

150 ✓

Primary *Imperfect closure of heart* How long *48 hours.*

Immediate *Inanition* How long *—*

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

*St. Brown. St. D.
Blytheville
Mo.*

Accident or Suicide *—*

PHYSICIAN
OR CORONER

Costa Rica



Name
in
Full

Elto James

CERTIFICATE OF DEATH

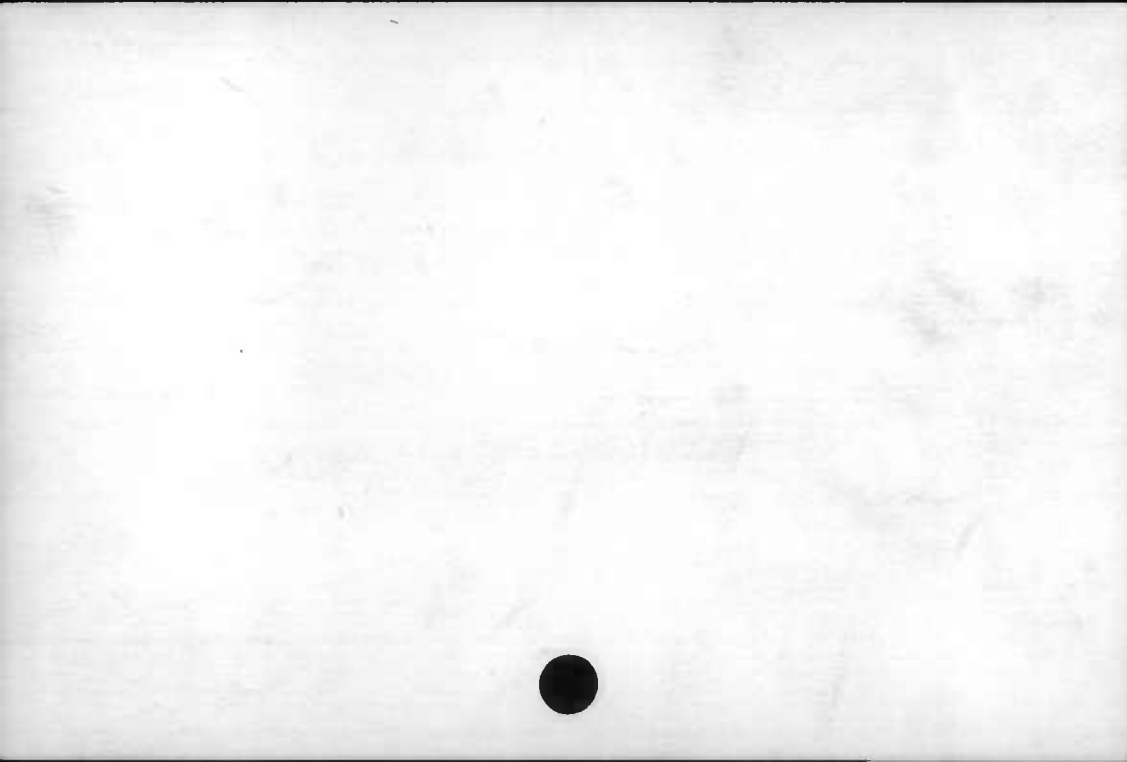
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Part		Wheport		Beech		MARYLAND	
Date of death	19	Month	Feb	Day	5	Age	22
Sex	Female	Color or Race	Colored	Birth-place	Virginia		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Charles Thomas				Daniel H. James			
Father's Name	Charles Thomas			Father's Birthplace			
Virginia				Mother's Birthplace			
Mother's Maiden Name	Bettie L. Lomas			Virginia			
Name of person giving Information	Daniel H. James			How related to deceased			
Husband				175			

CAUSES OF DEATH

Primary	Romaine - poison		How long	3 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			S. H. Fisher	
			Address	
			Port Deposit, Md.	
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Stanley Jones
Town *Conowingo* County *Towson*

MARYLAND

Died at *Conowingo*
Date of death *1990* Month *Feb* Day *19* Age *20* Months *1* Days *19*

Sex *male* Color or Race *Colored* Birth-place *Colona, Md*

Occupation *laborer* Where Residing if not at place of death *Athens*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Georg W Jones*

Father's Birthplace *Conowingo, Md*

Mother's Maiden Name *Harriet C Brown*

Mother's Birthplace *Rowlesville, Md*

Name of person giving Information *Harriet C Jones*

How related to deceased *Mother*

CAUSES OF DEATH

Primary *Tubercular Tuberculosis*

How long *2 1/2 yrs*

Immediate *Heart Failure*

How long *1 week*

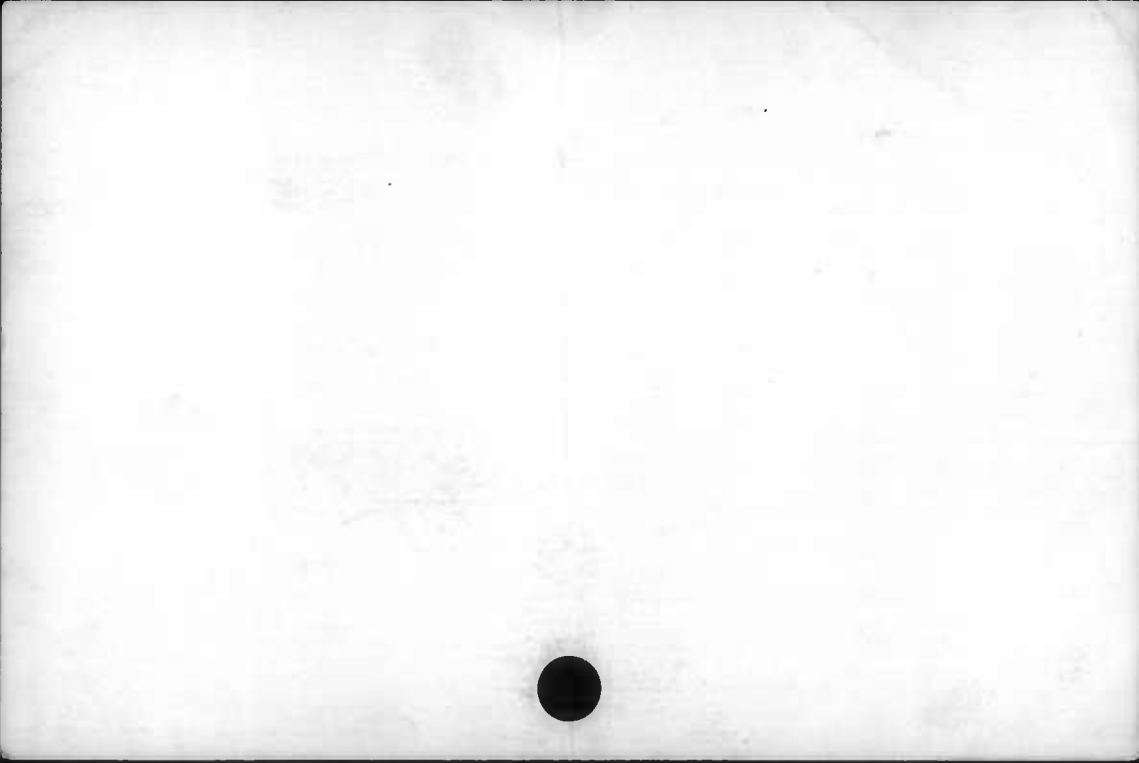
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Anna M. Kiers

Town

County

MARYLAND

Died at Rising Sun,

Cecil

Date

Month

Day

Years

Months

Days

of death 1901

July

20

Age

56

Sex

female

Color or
Race

White

Birth-
place

Cecil County

Occupation

wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Thomas Kiers

Father's
Name

John Brown

Father's
Birthplace

Chester Co. Pa

Mother's
Maiden Name

Sarah Wilson

Mother's
Birthplace

" " "

Name of person giving
Information

Anna R. Brown

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Pneumonia

How long

18 months

Immediate

Exhaustion & Coma

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. H. J. Gennies
Rising Sun

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie Lindale

Town *Pusogeater City* County *Decile*

Died at *Pusogeater City*

Date of death *1900* Month *10* Day *15* Age *5-3* Months *4* Days *3*

Sex *Female* Color or Race *White* Birth-place

Occupation *Housewife* Where Residing if not at place of death

Married, ~~Single~~ *or Widowed* Name of ~~Wife or~~ *Husband* *J. M. Lindale*

Father's Name *Henry Shawley* Father's Birthplace *Caroline Co. Md.*

Mother's Maiden Name *Ann S. Parklin* Mother's Birthplace *Caroline Co. Md.*

Name of person giving Information *J. M. Lindale* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Carcinoma of Liver* How long *40* *One year*

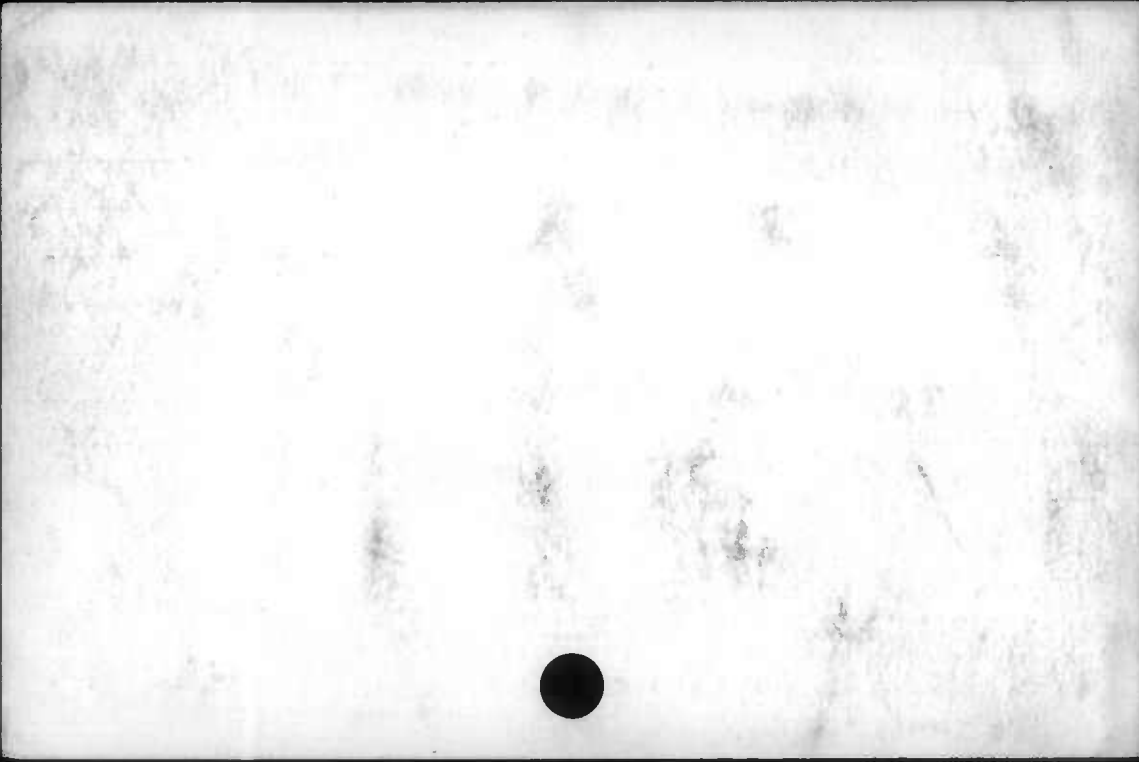
Immediate *Asthenia* How long *4 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Phyllis C. Laug, M.D.* Address *Pusogeater City, Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Henry H. McConnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Iron Hill ^{County} Cecil
Date of death 1960 ^{Month} Feb ^{Day} 16 ^{Age} 88 ^{Years} 88 ^{Months} — ^{Days} —
Sex Male Color or Race White Birth-place Maryland
Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed Widower Name of Wife or Husband Margaret McConnell
Father's Name James McConnell Father's Birthplace unknown
Mother's Maiden Name ~~unknown~~ } Lawrence Mother's Birthplace unknown
Name of person giving Information Harry McConnell How related to deceased Son.

CAUSES OF DEATH

Primary Arterio Sclerosis How long 81 7 years
Immediate Exhaustion How long 2 wks

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician

Address

Harvey Mitchell
Elkton Md.

PHYSICIAN
OR CORONER

Accident or Suicide

265-



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

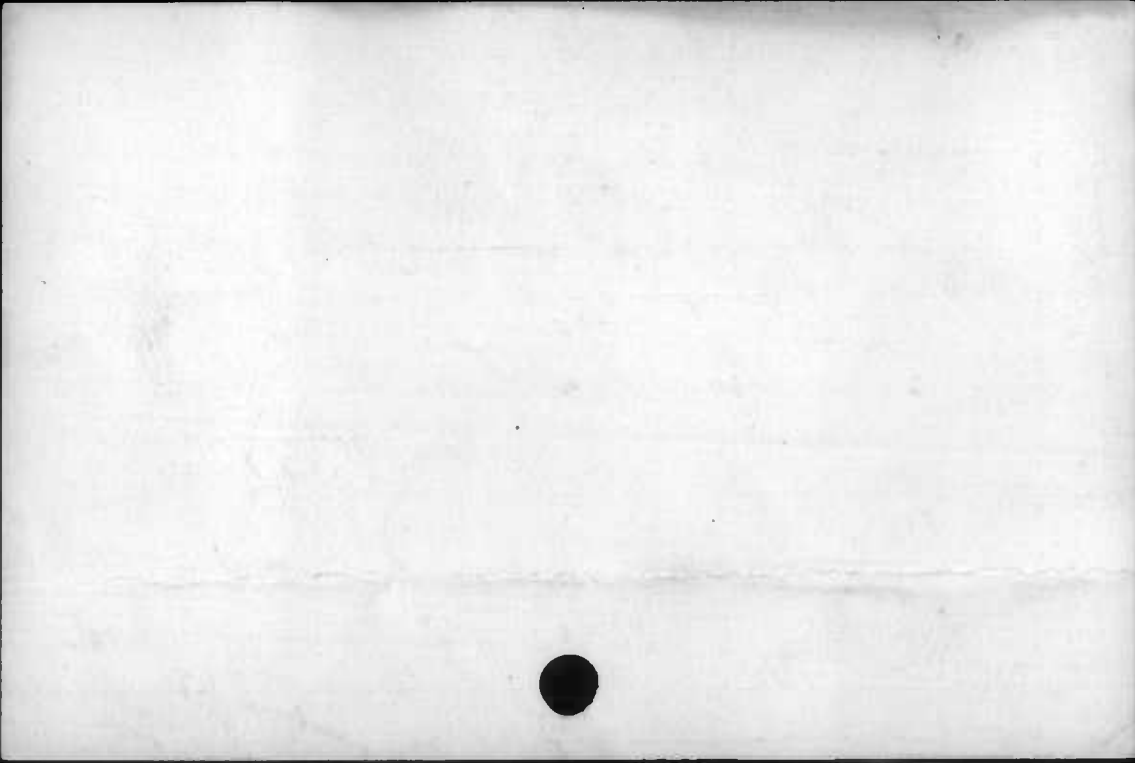
Died at		Town		County		MARYLAND	
Date of death	1900	Month	Feb	Day	19	Age	73
Sex		Female		Color or Race		White	
Occupation		No		Where Residing if not at place of death		Mar. John M.	
Married, Single or Widowed		Single		Name of Wife or Husband		No	
Father's Name		James Mc Day		Father's Birthplace		Penn.	
Mother's Maiden Name		Martha H. H. H.		Mother's Birthplace		Long. H.	
Name of person giving information		Wilbur Mc Day		How related to deceased		Nephew	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	old age	How long	
Immediate	General debility	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. L. Gifford	
		Address	
		2400	
Accident or Suicide?		Md	



Name
in
Full

CERTIFICATE OF DEATH

George Washington McVey

Town

County

MARYLAND

Died at *Near Zion*
Date of death *1900 Feb 16* Age *86* Months *10* Days *20*

Sex *male* Color or Race *White* Birth-place *Cecil Co. Md.*

Occupation *Farmer* Where Residing if not at place of death *Near Zion Md.*

Married, Single or Widowed *Single* Name of Wife or Husband *No*

Father's Name *James McVey* Father's Birthplace *Penna*

Mother's Maiden Name *Martha Kidd* Mother's Birthplace *Don't know*

Name of person giving information *Wilmer McVey* How related to deceased *Nephew*

CAUSES OF DEATH

154

Primary *Infirmitates of old age* How long *2 yrs*

Immediate *Asthenic Sclerosis* How long *2 yrs*

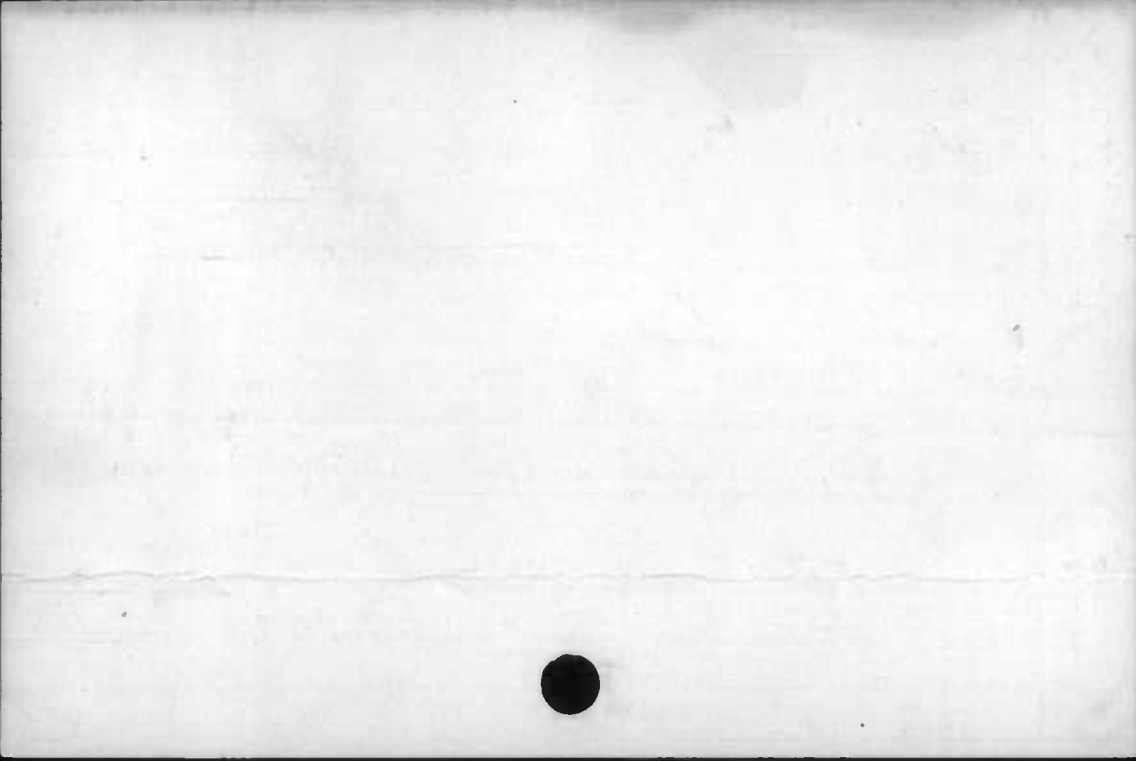
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. L. Gifford*

Address *Zion Md.*

Accident or Suicide? *Interment* *Rosebank Md.*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Caroline O. Mahan

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Bay-view</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1900 Feb.</i>		Month	Day <i>2</i>	Age <i>72</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Chester Co. Pa.</i>			
Occupation <i>Not any</i>				Where Residing if not at place of death <i>Near Bay-view Md.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Not any</i>					
Father's Name <i>William Mahan</i>				Father's Birthplace <i>Penna.</i>			
Mother's Maiden Name <i>Martha Carson</i>				Mother's Birthplace <i>Penna.</i>			
Name of person giving information <i>Edw. Guthrie</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

~~105~~ **103**

PHYSICIAN
OR CORONER

Primary	<i>Gastritis</i>	How long	<i>1 month</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. L. Buford</i>	
		Address <i>Gibbs Md.</i>	
Accident or Suicide?			

Union ^{Comm.} Chesters,
Dec. 2nd

Name
in
Full

Jethro H. Manlove

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

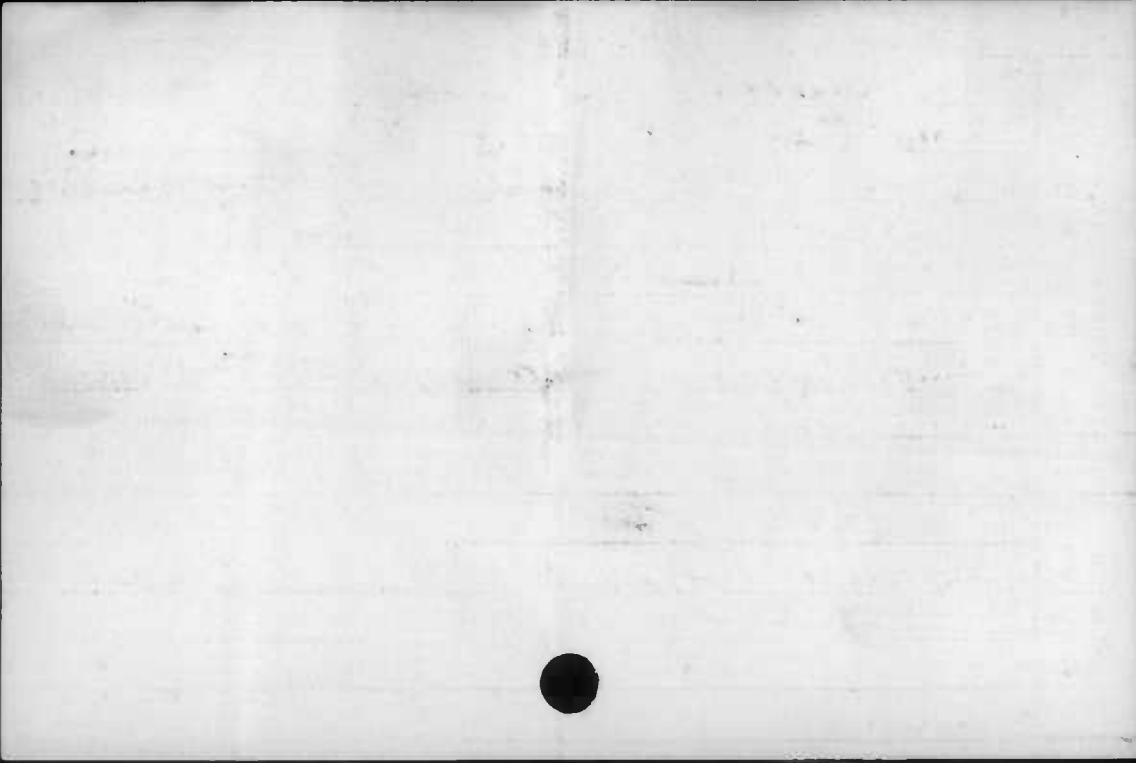
Died at <i>near Cuckston</i>		Town <i>Cuckston</i>		County <i>and</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>2</i>	Day <i>18</i>	Age <i>80</i>	Years <i>80</i>	Months <i>7</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>near Cuckston</i>				
Married, Single or Widowed			Name of Wife or Husband <i>Elizabeth Dodson</i>				
Father's Name <i>John B. Manlove</i>			Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Rebecca Hubbell</i>			Mother's Birthplace <i>Not Known</i>				
Name of person giving information <i>Howard B. Manlove</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Myocardial Infarction</i>	How long <i>10 Years</i>
Immediate <i>Heart - Pany.</i>	How long <i>4 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Crawford</i>
	Address <i>Wilmington, Del.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Stephen J. Murphy* Town *Near Colera* County *Leese* MARYLAND

Died at *Near Colera*

Date of death *1960 Feb 12* Age *63* Months *7* Days *25*

Sex *Male* Color or Race *White* Birth-place *Leese Co*

Occupation *Farmer* Where Residing if not at place of death *at home*

Married, Single or Widowed *Married* Name of Wife or ~~husband~~ *Phoebe Murphy*

Father's Name *Joseph Murphy* Father's Birthplace *Leese Co*

Mother's Maiden Name *Rebecca Fisher* Mother's Birthplace *" "*

Name of person giving Information *Phoebe Murphy* How related to deceased *wife*

CAUSES OF DEATH

(47)

PHYSICIAN
OR CORONER

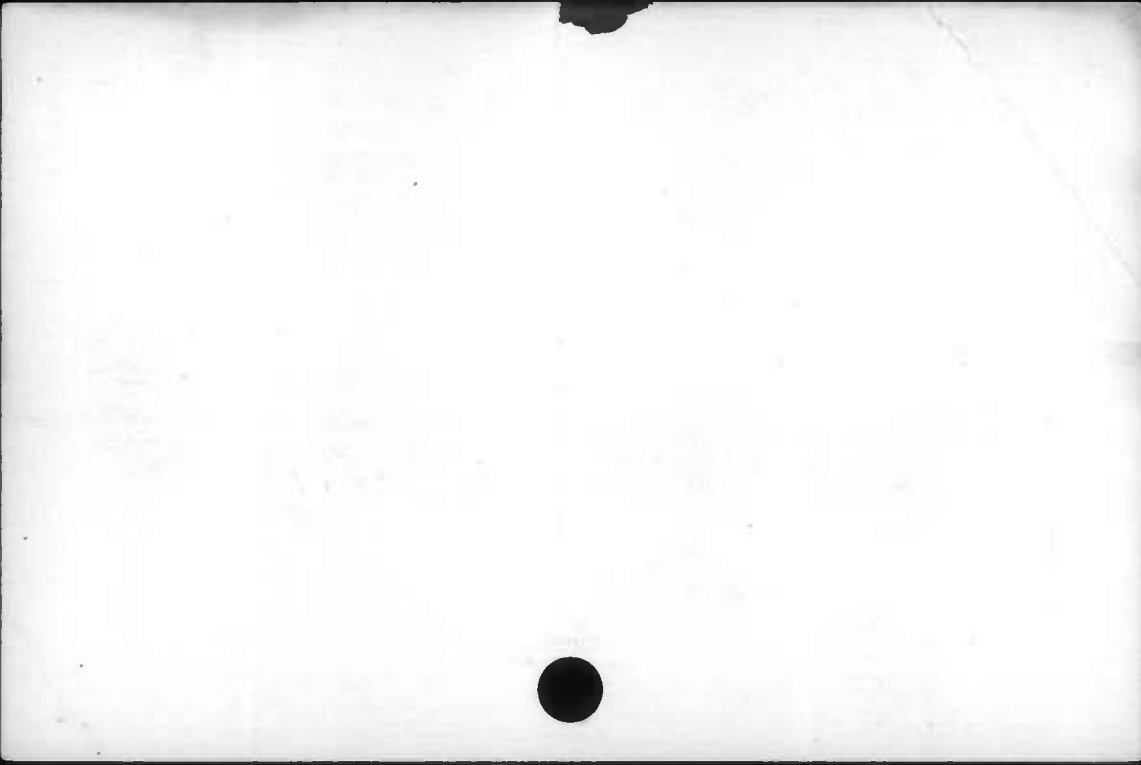
Primary *Acute Inflammatory Rheumatism 4 weeks*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Ernest Cowland* Address *Liberty Groove Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

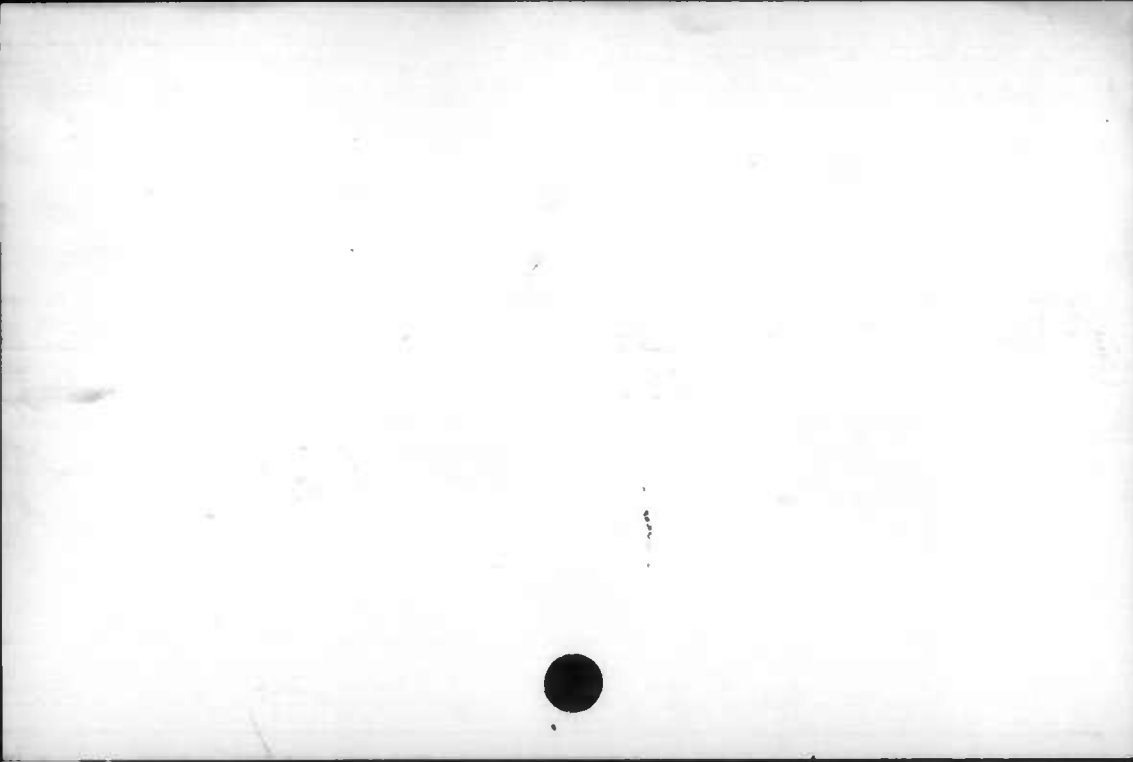
TO BE ANSWERED BY
NEAREST FRIEND

Tony Perrino (Still Birth)
 Died at *Box Deposit* County *Cecil* MARYLAND
 Date of death 1960 Month *Feb* Day *22* Age *—*
 Sex *Male* Color or Race *white* Birth-place *MD*
 Occupation *—* Where Residing if not at place of death *—*
 Married, Single or Widowed *—* Name of Wife or Husband *—*
 Father's Name *Tony Perrino* Father's Birthplace *Mary*
 Mother's Maiden Name *—* Mother's Birthplace *Mary*
 Name of person giving Information *Tony Perrino* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Birth* How long *8*
 Immediate *—* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *W.G. Jack*
 Address *Liberty Ground*
 Accident or Suicide *no*



Name
in
Full

Miriam Reynolds

CERTIFICATE OF DEATH

Died

Resing Sun

County

Beard

MARYLAND

Date

of death

1910 - Feb 28

Day

Age

84

Months

Days

Color or

Race

White

Birth

place

Penna

Occupation

was

Where residing if not
at place of deathTO BE ANSWERED BY
NEAREST FRIEND

Married

widow

Name of Wife or
Husband

Joseph Reynolds

Father's
Name

Harry Reynolds

Father's
Birthplace

Penna

Mother's
Maiden Name

Mary Miller

Mother's
Birthplace

1

Name of person giving
information

Thomas Reynolds

How related
to deceased

Son

CAUSES OF DEATH

Primary

Infirmities of age

How long

Immediate

Pneumonia

How long

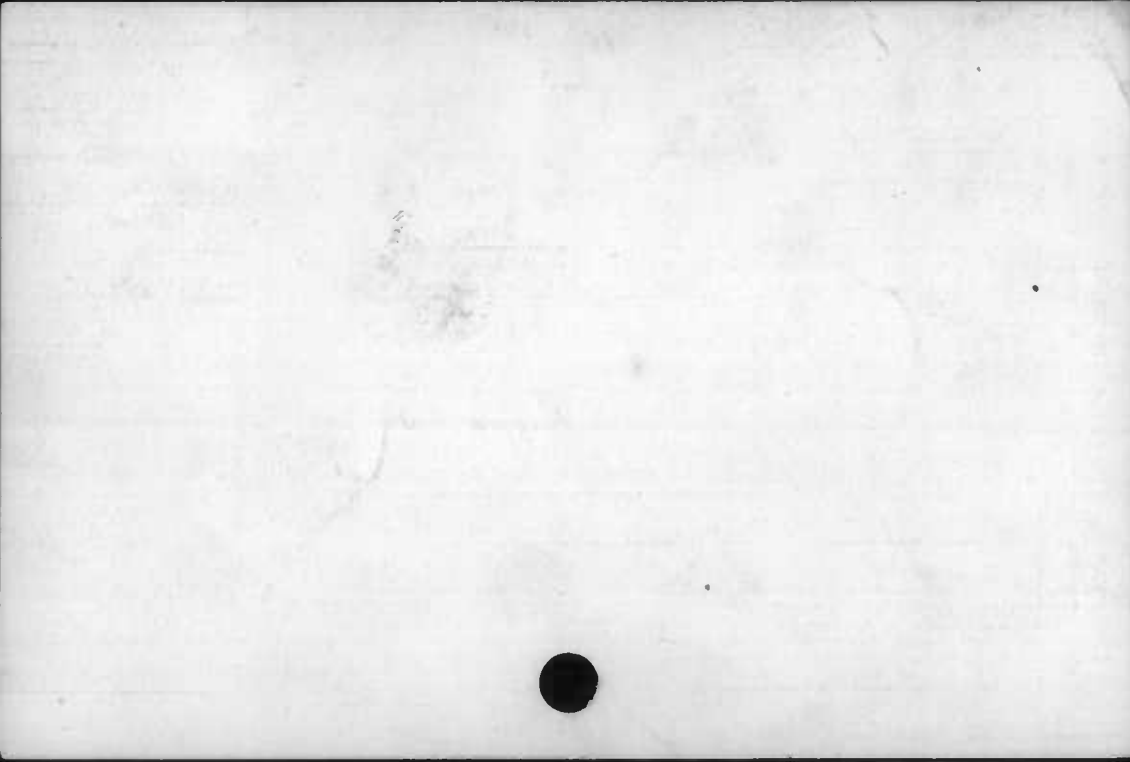
4 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John H. Reynolds
Pittsburgh
Md.

Accident or Suicide?



Name
in
Full

Infant daughter Russell Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Henry Sun ^{Town} basil ^{County} **MARYLAND**

Date of death 1990 ^{Month} July ^{Day} 18 Age ^{Years} 3 ^{Months} 0 ^{Days} 4

Sex female Color or Race white Birth-place basil Co

Occupation _____ Where Residing if not at place of death Near Henry Sun

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Russell Reynolds Father's Birthplace basil Co

Mother's Maiden Name Lizzie Pearce Mother's Birthplace " "

Name of person giving Information Russell Reynolds How related to deceased Father

CAUSES OF DEATH

Primary Acute enteritis
Ex hemorrh

Immediate _____

How long Two days

How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

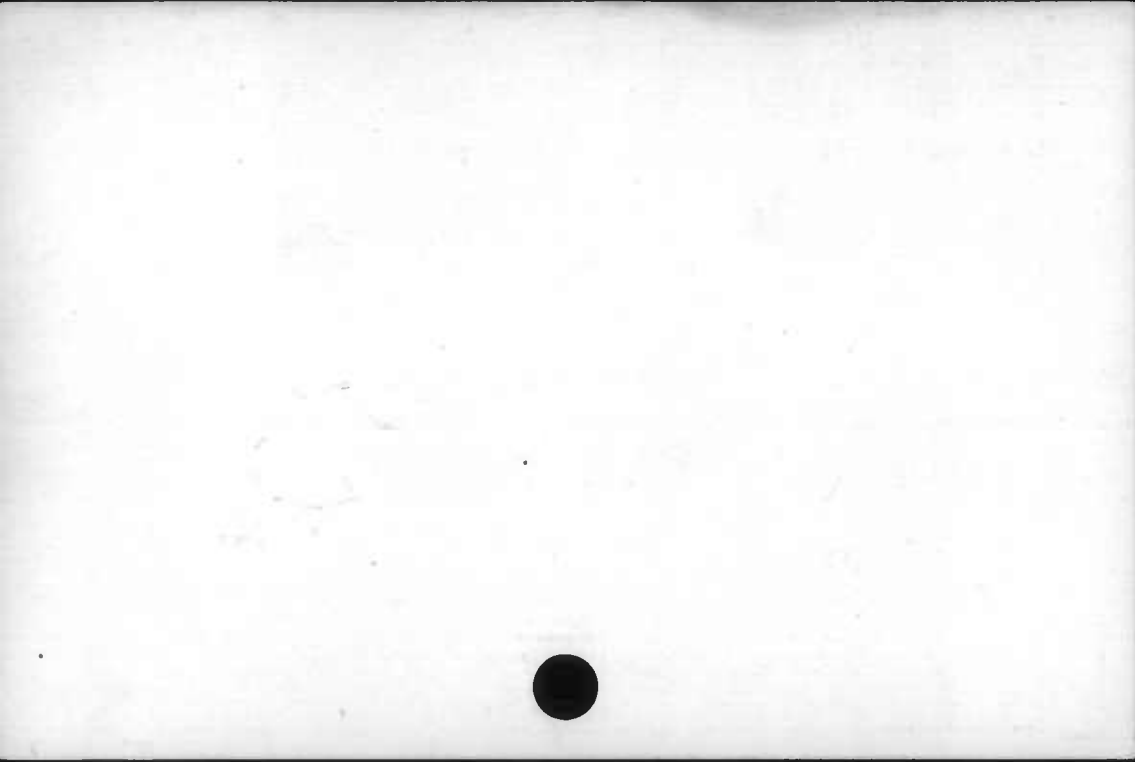
Address



John H. Jensen
Washington

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

Anna L. Roach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Eck Neek* ^{Town} *Pelee* ^{County} **MARYLAND**

Date of death 19*60* ^{Month} *Feb* ^{Day} *21* ^{Years} *73* ^{Months} *0* ^{Days} *0*

Sex *Female* Color or Race *White* Birth-place *Eck Neek*

Occupation *Housekeeper* Where Residing if not at place of death *Eck Neek*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Richard Roach*

Father's Birthplace *Eck Neek Md*

Mother's Maiden Name *Orpha Lake*

Mother's Birthplace *Eck Neek Md*

Name of person giving Information *J. Edwards*

How related to deceased *Cousin*

CAUSES OF DEATH

Primary *Cancer of Rectum*

41 ^{How long} *2 years*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. J. Hensley
N. Roach

Accident or Suicide

PHYSICIAN
OR CORONER

M E C Ennis

Name
in
Full

Harriett J Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Mills</i> ^{Town}		<i>Acil</i> ^{County}		MARYLAND	
Date of death	1900	Month	<i>Feb</i>	Day	17
Age		39		Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>md</i>
Occupation	<i>Weaver</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>David Short</i>		Father's Birthplace <i>md</i>		
Mother's Maiden Name	<i>Rachael Pierson</i>		Mother's Birthplace <i>md</i>		
Name of person giving Information	<i>Bertha Short</i>		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

93

Primary	<i>Pleurisy</i>	How long	<i>About two weeks</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Stitt M.D.</i>
		Address	<i>Sumner, Md.</i>
Accident or Suicidal	<i>Neither</i>		

PHYSICIAN
OR CORNER



Name
in
Full

Lewis C. Spear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Earleville ^{County} Cecil

MARYLAND

Date of death 19/10 2 17 Age 41 Months Days

Sex Male Color or Race White Birth-place Cecil Co. Md.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Spear

Father's Name James Spear Father's Birthplace Kent Co. Md.

Mother's Maiden Name Sarah Osborn Mother's Birthplace Perun

Name of person giving information Henry Spear How related to deceased Brother

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

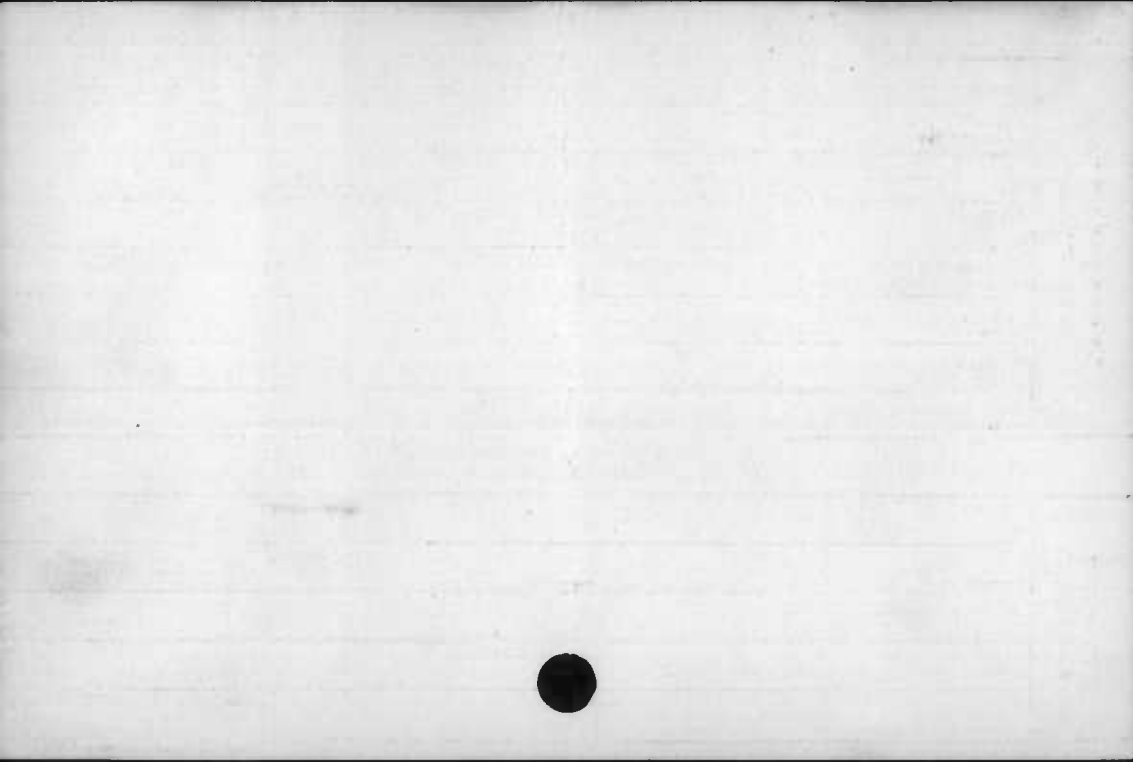
Primary Pleurisy How long 13 days

Immediate None How long 5

Are the name, age, sex, color, date and place correctly given above? Signature of Physician E. N. Bradford

Address Bechtow

Accident or Suicide? 7md



Name
in
Full

Albert Le Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Providence</i> ^{Town}		<i>Bevil</i> ^{County}		MARYLAND	
Date of death	<i>1940</i>	Month	<i>Feb.</i>	Day	<i>6</i>
Age		<i>7</i>	Years	Months	<i>4</i>
Sex		<i>Male</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>As</i>	Where Residing if not at place of death		
Married, Single or Widowed		<i>Single</i>	Name of Wife or Husband		
Father's Name		<i>Matthew L. Stewart</i>		Father's Birthplace	
Mother's Maiden Name		<i>Carrie R. Stevens</i>		Mother's Birthplace	
Name of person giving information		<i>Matthew L. Stewart</i>		How related to deceased	
				<i>Father.</i>	

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	<i>Paralytic Paralysis</i>	How long	<i>2 Hours.</i>
Immediate	<i>Paralysis</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
Signature of Physician		<i>Chas. F. Miller</i>	
Address		<i>North East, Ind.</i>	
Accident or Suicide?			

Interment Cherry Hill
Md.

Name
in
Full

Arbaum to Stout

CERTIFICATE OF DEATH

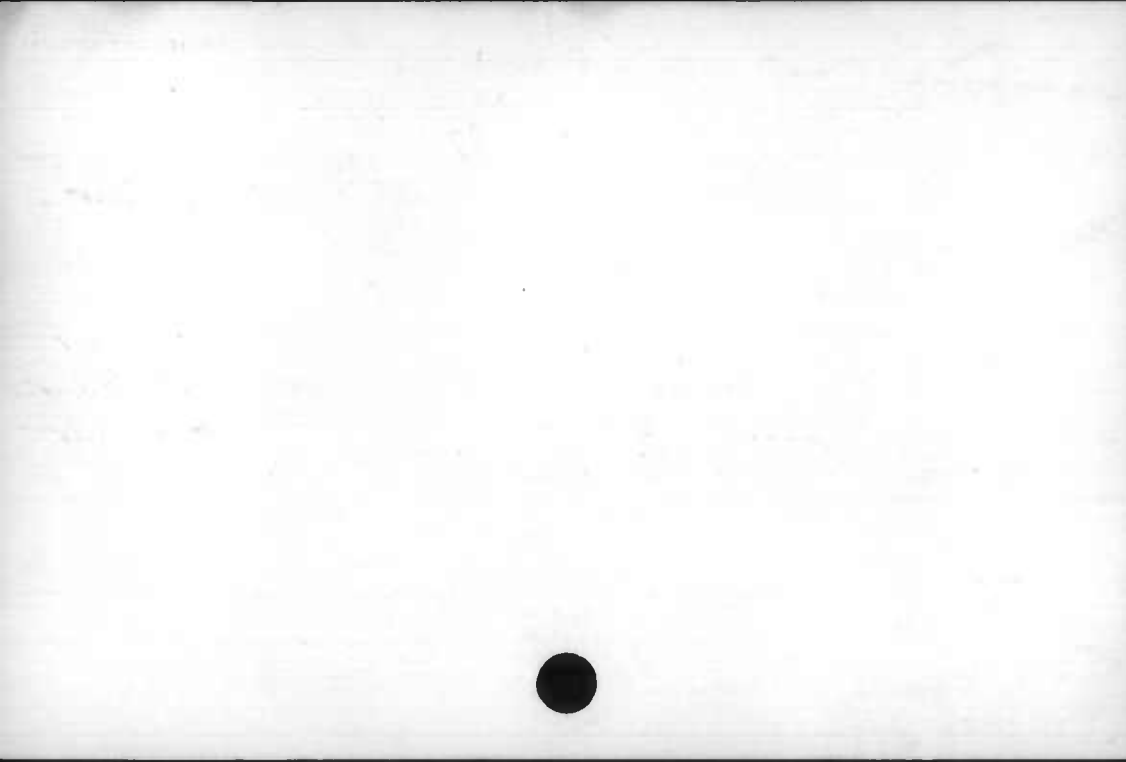
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasgrove City</i> Town		<i>April</i> County		MARYLAND	
Date of death <i>1909</i>	<i>10</i> Month	<i>7th</i> Day	Age <i>27</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>East Penn</i>		
Occupation <i>House work</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jos Stout</i>			
Father's Name <i>East Penn</i>		Father's Birthplace <i>East Penn</i>			
Mother's Maiden Name <i>East Penn</i>		Mother's Birthplace <i>East Penn</i>			
Name of person giving Information <i>Shirley Badley</i>		How related to deceased <i>Sister in Law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Artzou Sclerosis</i>	How long <i>66</i> ✓	<i>Since Years</i>
Immediate	<i>Paralysis</i>	How long	<i>A few Minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. W. O. Law 3 M.D.</i>	Address <i>Pleasgrove City Md.</i>
Accident or Suicida			



Name
in
Full

Geo. Christie Taylor

CERTIFICATE OF DEATH

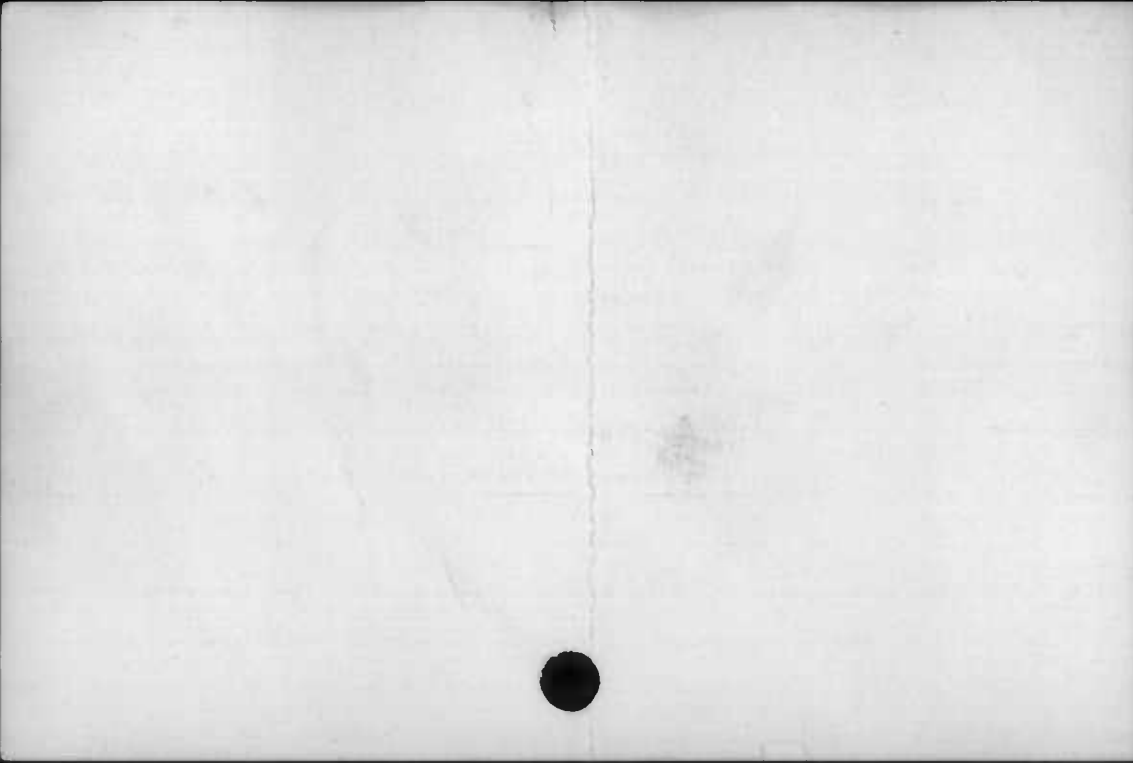
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Rowlandville</i>		Town <i>Rowlandville</i>		County <i>Cecil</i>		STATE <i>MARYLAND</i>	
Date of death <i>1910</i>	Month <i>Feb</i>	Day <i>26</i>	Age <i>Dead</i>	Years <i>None</i>	Months <i>None</i>	Days <i>None</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Rowlandville Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Rowlandville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Geo Lewis Taylor</i>		Father's Birthplace <i>Chester, Pa</i>					
Mother's Maiden Name <i>Mary Christie</i>		Mother's Birthplace <i>Liberty Grove Md</i>					
Name of person giving information <i>Mrs Lewis Taylor</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Congenital Asphyxia</i>	How long <i>—</i>
Immediate Cause <i>Caused by pressure on umbilical cord</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ernest Rowland</i>
	Address <i>Liberty Grove Md</i>
Accident or Suicide? <i>—</i>	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

MARYLAND

Sex *Male* Color or Race *White* Birth-place *Cecil Co Md*

Occupation	Where Residing if not at place of death
Steamship Engineer	

Married, Single Married Name of Wife or
or Widowed Rebecca Vandover Husband

Father's Name	Benjamin Vander	Father's Birthplace	Unknown
---------------	-----------------	---------------------	---------

Mother's Maiden Name *Edgar-Leon* Mother's Birthplace *"*

Name of person giving Information	Alfred C. Cullerton	How related to deceased	Daughter
-----------------------------------	---------------------	-------------------------	----------

CAUSES OF DEATH

Primary *Hand Disease*

How long
die suddenly
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Jennie Ward
Town
Bear Station
County
Cecil

Died at
Date of death 1900
Month 2
Day 9
Age 59
Years
Months
Days

Sex Female
Color or Race White
Birth-place Del

Occupation Housewife
Where Residing if not at place of death

Married, Single or Widowed Married
Name of Wife or Husband John T Ward

Father's Name Benjamin Mittem
Father's Birthplace Del

Mother's Maiden Name Rachel Graham
Mother's Birthplace Del

Name of person giving Information Mrs Ott
How related to deceased Daughter

CAUSES OF DEATH

Primary Asthmatic Congestion of Lungs
How long 6 days
Immediate Toxemia, Exhaustion
How long 4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

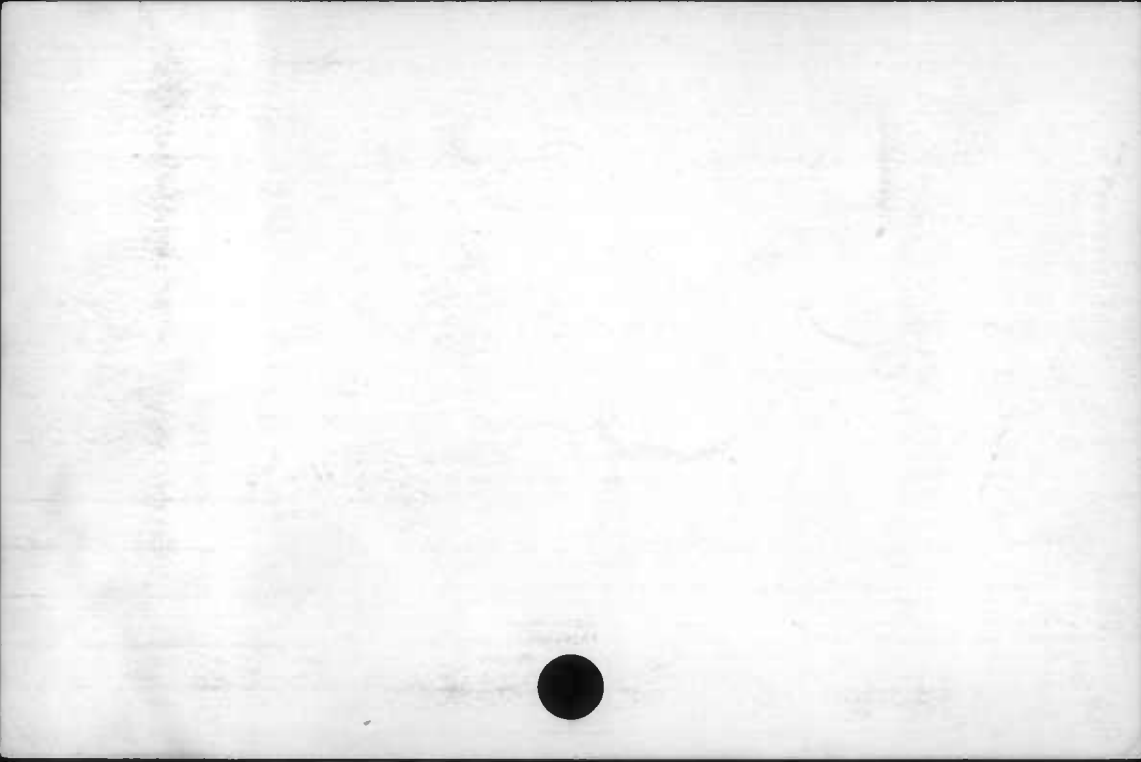
Signature of Physician

Address

Hanken Mitchell M.D.
Elkton Md.

PHYSICIAN
OR CORNER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charleston</i>		County <i>Cris</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>Feb</i>	Day <i>24</i>	Age <i>38</i>	Months <i>8</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph F. Weber</i>				
Father's Name <i>Wm F. Wood</i>	Father's Birthplace <i>Pennsylvania</i>		Mother's Birthplace <i>—</i>		
Mother's Maiden Name <i>Blueritt Brown</i>			How related to deceased <i>Husband</i>		
Name of person giving information <i>Joseph F. Weber</i>					

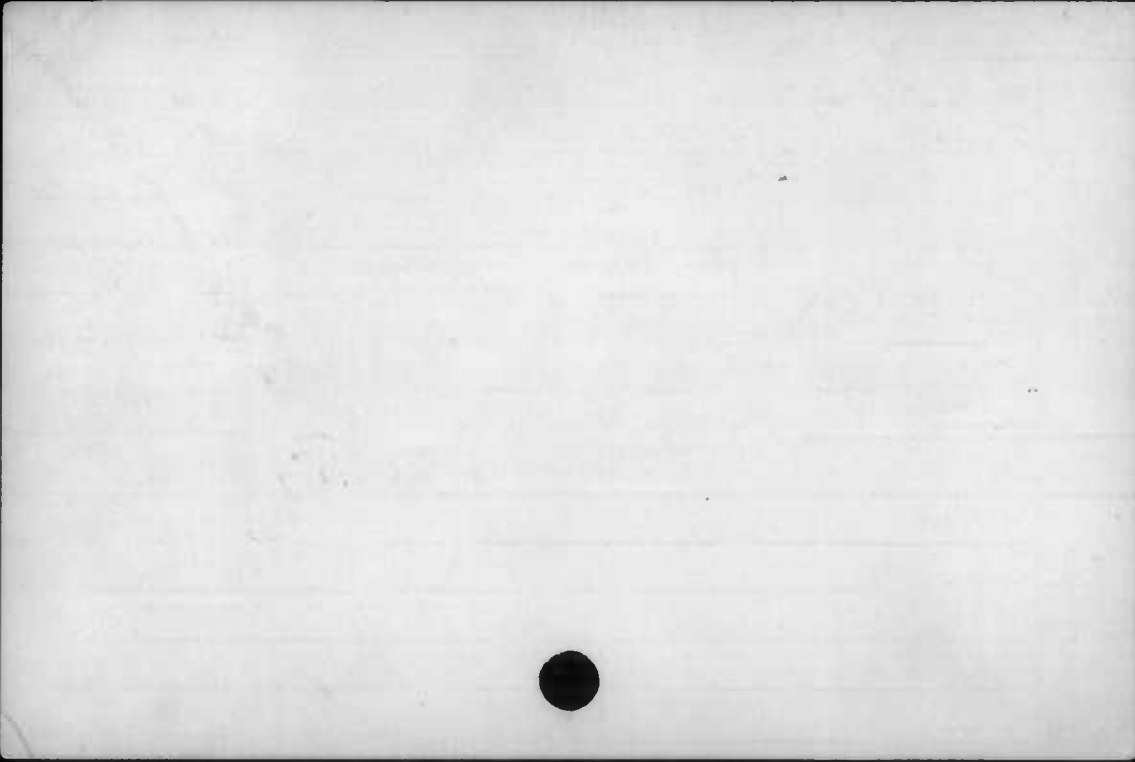
CAUSES OF DEATH

108 *6*

How long

PHYSICIAN
OR CORONER

Primary <i>Chronic Appendicitis</i>	How long
Immediate <i>Peritonitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Cantwell</i>
	Address <i>Greenfield, Ind.</i>
Accident or Suicide?	



Name
in
Full

Henry C Wells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Edenton

County

Beal

MARYLAND

Date

of death

1940

Month

2

Day

8

Age

50

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Druggist

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Margaret Wells

Father's
Name

George W Wells

Father's
Birthplace

Md

Mother's
Maiden Name

Martha W Carley

Mother's
Birthplace

"

Name of person giving
Information

Wm O Gilmore

How related
to deceased

Cousin

CAUSES OF DEATH

(67) ✓

PHYSICIAN
OR CORNER

Primary

Progressive Paralysis

Acute Disease

How long

Years

Immediate

Asphyxiation

How long

2 or 3 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

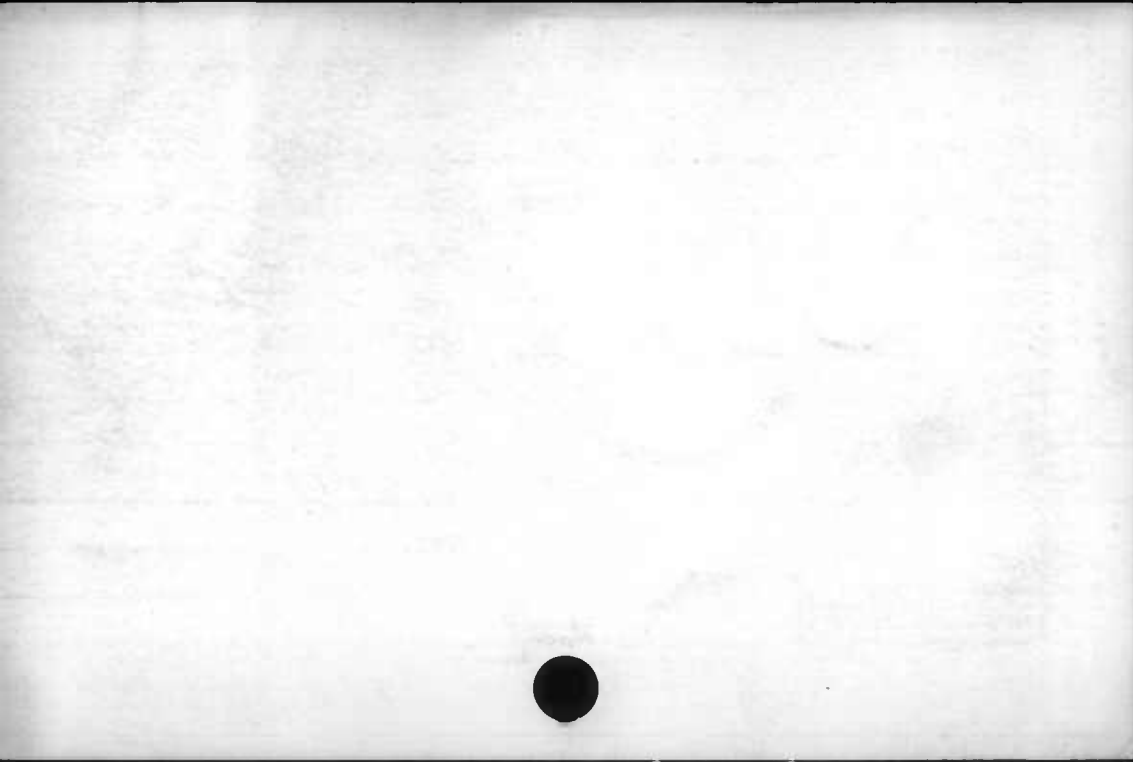
Signature of
Physician

Charles H. Hays

Address

Edenton, Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Franklin Whiteoak</i>		Town <i>Piney</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Piney</i>		Month <i>Feb</i>		Day <i>28</i>		Years <i>41</i>	
Date of death <i>1910</i>		Age <i>41</i>		Months <i>2</i>		Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Chesapeake City</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs Lizzie Whiteoak</i>					
Father's Name <i>George William Whiteoak</i>		Father's Birthplace <i>-</i>					
Mother's Maiden Name <i>Largh</i>		Mother's Birthplace <i>-</i>					
Name of person giving information <i>Jennie Whiteoak</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

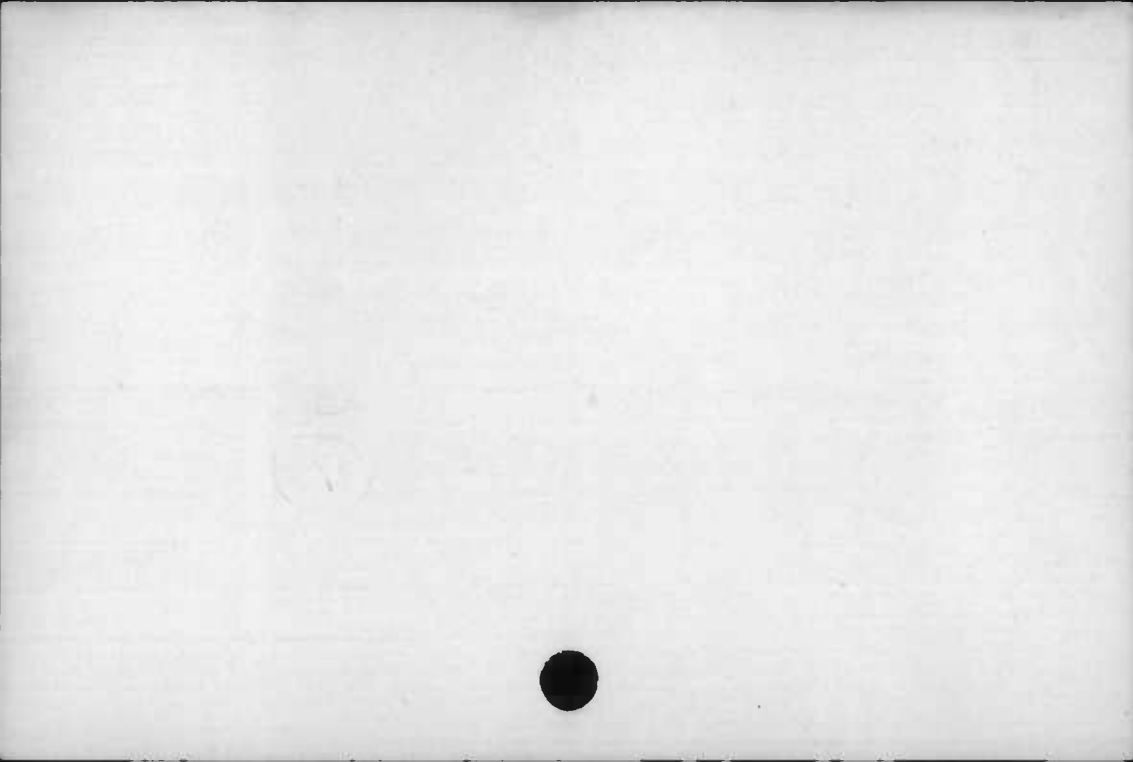
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in Full

Mary E Williams

CERTIFICATE OF DEATH

Died at *Post-Deposit* Town *Cecil* County

MARYLAND

Date of death 19*00* Month *2* Day *4* Age *65* Years Months *5* Days *—*

Sex *Female* Color or Race *white* Birth-place *Baltimore Md*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Arthur Williams*

Father's Name *Ezekiel Badger* Father's Birthplace *Virginia*

Mother's Maiden Name *Mary L Plant* Mother's Birthplace *Conn*

Name of person giving Information *Alice Crewell* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Cancer of Liver* How long *4 months*

Immediate *Heart Failure* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. E. Cannon*

Address *Post Deposit Md*

Accident or Suicide *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

